

TABLE 8: RESOURCES DIRECTORY -- ProvidersEMS System: ICEMACounty: San Bernardino/Inyo/MonoReporting Year: 2005**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name, address, telephone, FAX, Email:			Primary Contact:		
Written Contract: [] yes [] no	Service: [] Ground [] Air [] Water	[] Transport [] Non-Transport	Air classification: [] auxiliary rescue [] air ambulance [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] BLS [] ALS
Ownership: [] Public [] Private	Medical Director: [] yes [] no	If public: [] Fire [] Law [] Other explain:	If public: [] city; [] county; [] state; [] fire district; [] Federal	System available 24 hours? [] yes [] no	Number of ambulances:

Name, address, telephone, FAX, Email:			Primary Contact:		
Written Contract: [] yes [] no	Service: [] Ground [] Air [] Water	[] Transport [] Non-Transport	Air classification: [] auxiliary rescue [] air ambulance [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] BLS [] ALS
Ownership: [] Public [] Private	Medical Director: [] yes [] no	If public: [] Fire [] Law [] Other explain:	If public: [] city; [] county; [] state; [] fire district; [] Federal	System available 24 hours? [] yes [] no	Number of ambulances: